	ARIZONA ST	ATE BOARD	OF HEALTH
$\mathcal{M} \mathcal{O}$	UREAU OF VITAL ST		State Index No. 29
County of A Land	NAL CERTIFICAT	· 	<i>⊅(</i> _}
District of	MAL CERTIFICAT		Co. Registrar's No.
Town of IVCame	÷	با	ocal Registrar's No.
City of (No	, ,	St;	Ward)
FULL NAME OF CHILD Carlotta.  If child is not named, make Supplemental Rep	Terrine Co	information from local registrar.	Born ( YES ) Alive ( NO.
l 'Petro	Mumban	l Data of	
Sex of Child Ferrale Or other and	in őrder . Leg	Birth Month	Day Yr.
Full FATHER Name	Full Maiden	MOTHER	1.1
lose Cambos	Name	Mercedes	Hermandez
Residence Midami Raise	Residence	Miami.	airona 5
Color Age at last	35 Color or Race	A	ge at last Birthday 30
or Race Birthday Birthday	Years	Mey.	Years
Birthplace \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. Birthpla	co I alia es	Med "
Occupation I along	Occupati	on 1	seurila "
	1	14.000	u U.a
Number of child of this Mother   Number of Children, of thi	mother, now living	Were precautions taken against Op	ohthalmia neonatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the	above child; and that it	t occurred on July	1981, at 8 P.M.
*When there is no attending physi-	C:	C.M. Cron	, M 10.
cian or midwife. then the householder should make this return.	Signature Att	ending physician, midv	
Given or Christian name added from a	Add	iress_Migun	i. aina
supplemental report 19i. Fi	led/15 192/	05 mora	LOCAL REGISTRAR.
332-201-489	MILES ATO	e Copy R R 🛬	1 2/
COUNTY REGISTRAR. Fi	led AMMA N. 1912-1	-122622.	COUNTY REGISTRAR.

or midwife with each local Registrar within 5 days after birth.